



GARRETT LEE SMITH (GLS) DATA COLLECTION INSTRUMENTS & SUBMISSION PROCESSES PART 1 FOR STATE/TRIBAL GRANTEEES

December 9, 2015

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WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed to you prior to the webinar
 - If you did not receive the message, check your spam e-mail folder
- The video will be made available on the Suicide Prevention Resource Center website and the Suicide Prevention Data Center (SPDC)

NEED ASSISTANCE?

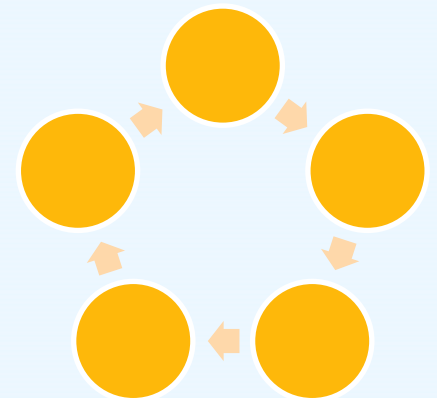
- For technical support
 - Contact us via the Questions pane
 - E-mail William.Moore@icfi.com



ON TODAY'S AGENDA

- GLS National Outcomes Evaluation Design
- Prevention Strategies Inventory (PSI)
- Training Activity Summary Page (TASP)
- Training Utilization Preservation Survey (TUP-S)

GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



CORE AND ENHANCED STUDIES

IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

GLS National Outcomes Evaluation



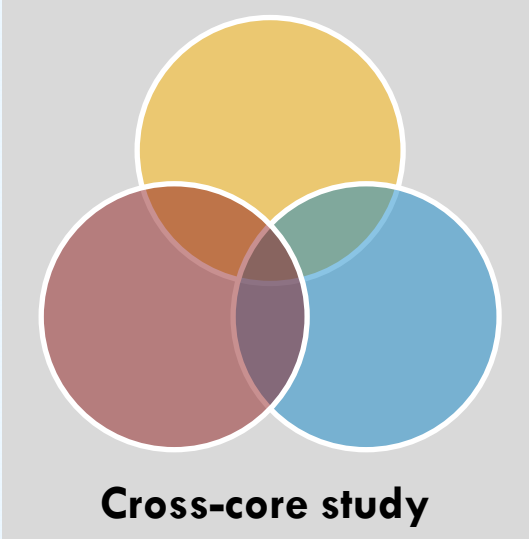
Cross-core, technical assistance, evaluation needs assessment



- Study core analysis
- Enhanced study analysis
- Program level analysis



- Expert Panel
- Subcontractors



PREVENTION STRATEGIES

PREVENTION STRATEGIES INVENTORY (PSI) TOPICS TO BE COVERED

- ✓ PSI Overview
 - PSI Content
 - Timeline
 - Data Entry
 - Data Submission
- ✓ PSI Demonstration on the SPDC
- ✓ Tools to Support PSI Data Collection and Reporting



PSI OVERVIEW

Purpose

Prevention Strategies Description



- An inventory of all prevention strategies and products that are a part of grantee GLS funded program

Expenditures



- Total amount of GLS funds (including in-kind) expended to date and the percent of funds expended to date for each strategy type

PSI OVERVIEW

Who is responsible for data collection for the PSI?	Grantee Program Staff
How is the PSI administered/entered?	Web-based form entered into SPDC
When will the PSI be administered?	Once per quarter, throughout the grant period
When will the PSI begin?	January 2016

PSI PART ONE: STRATEGIES DESCRIPTION

Prevention Strategies Inventory - State/Tribal

Suicide Prevention Program Strategies

What types of suicide prevention strategies are being implemented under your GLS program? Select all that apply.

Quick Links

1. Outreach and Awareness
2. Gatekeeper Training
3. Assessment and Referral Training for Mental Health Professionals and Hotline Staff
4. Lifeskills Development
5. Screening Programs
6. Hotlines and Helplines
7. Means Restriction
8. Policies and Protocols for Intervention and Postvention
9. Coalitions and Partnerships
10. Direct Services and Traditional Healing Practices
11. Other Suicide Prevention Strategies

PREVENTION STRATEGIES INVENTORY (PSI)



STRATEGY FOLLOW-UP QUESTIONS

What is the name of the activity/event?

Type of product: (print materials, billboards, radio, awareness product, etc.)

Please indicate the type of training: (QPR, ASIST, Kognito, etc.)

Does this strategy target the entire community or general population?
(Yes/No)

Does this product place emphasis on any of these current priority populations? (select all that apply)

PSI PART TWO: BUDGET EXPENDITURE INFORMATION

Prevention Strategies Inventory - State/Tribal

Budget

To save any new information you have entered on this page, please click on the "Save Budget" button at the bottom of the page.

How much of your GLS budget (including any matching funds) have you spent to date? Specify dollar amount:

\$

Please estimate the percentage of your total budget expended to date on the following prevention strategies.

1. Outreach and Awareness

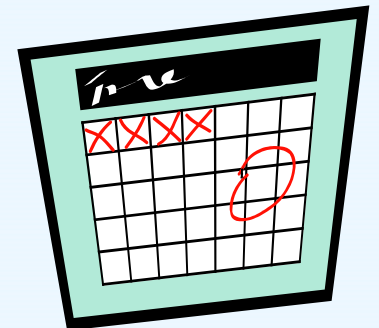
%

1.1. Public Awareness Campaigns

%

PSI TIMELINE

- PSI entries are updated on a **quarterly basis**
- The PSI opens the second Monday following the end of the quarter and remains open for **15 business days**
- Upcoming PSI Administration Dates:
 - **January 11 through January 29th**



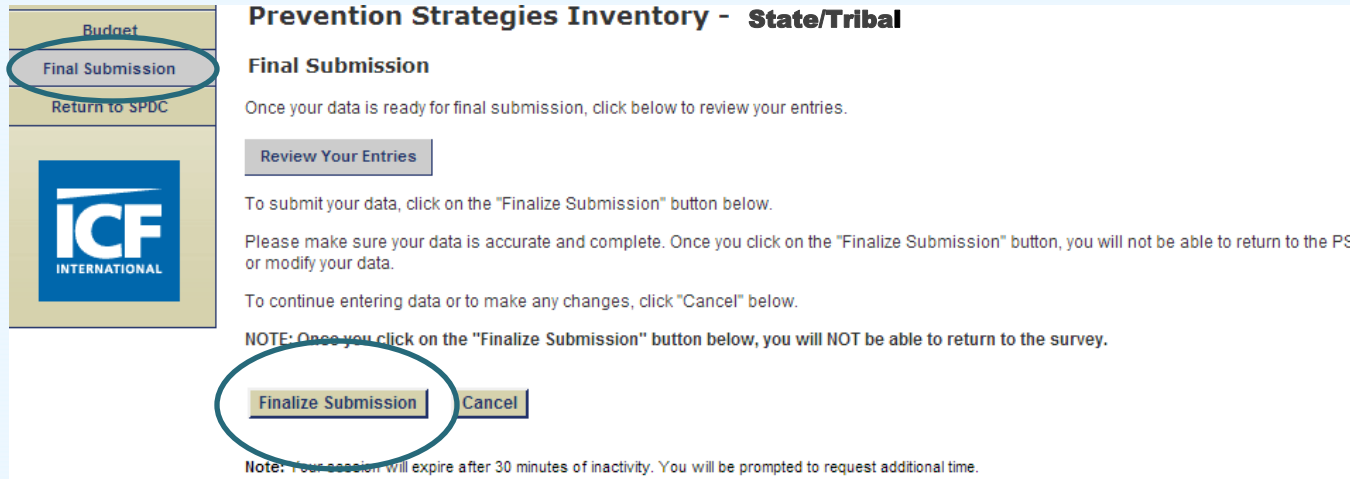
PSI DATA ENTRY

- PSI respondents (one per grantee) are emailed a PSI password in order to access the instrument on the SPDC
- Grantees update and add to currently entered PSI strategy and budget expenditure information to reflect changes that occurred during the previous quarter



PSI DATA SUBMISSION

- Deadline: 8 PM Eastern Time on the final administration day
- Don't forget to final submit!



Budget

Final Submission

Return to SPDC

ICF INTERNATIONAL

Prevention Strategies Inventory - **State/Tribal**

Final Submission

Once your data is ready for final submission, click below to review your entries.

[Review Your Entries](#)

To submit your data, click on the "Finalize Submission" button below.

Please make sure your data is accurate and complete. Once you click on the "Finalize Submission" button, you will not be able to return to the PSI or modify your data.

To continue entering data or to make any changes, click "Cancel" below.

NOTE: Once you click on the "Finalize Submission" button below, you will NOT be able to return to the survey.

[Finalize Submission](#) [Cancel](#)

Note: Your session will expire after 30 minutes of inactivity. You will be prompted to request additional time.



PSI DEMONSTRATION ON THE SPDC

TOOLS TO SUPPORT PSI DATA COLLECTION AND REPORTING

- ✓ PSI Tip Sheet and Strategy Definitions
- ✓ PSI Sub-grantee Tracking Spreadsheet
- ✓ PSI Data Sharing Report
- ✓ PSI Summary Report





PSI MANUAL, STRATEGY DEFINITIONS AND TIP SHEET

TIPS AND REMINDERS



- Prevention strategies should be included once they are beyond the planning phase
- Examples of information that should not be included: holding or attending meetings, attending a SAMHSA, ICF, or SPRC webinar, monthly team calls, hiring grant staff

TIPS AND REMINDERS



- The PSI is cumulative! You should not delete strategies that have been completed
- If an activity existed prior to your GLS grant, and GLS funds will continue to support the activity, then it can be reported in the PSI
- Strategies that are implemented using both GLS funds, matched funds, and a combination of GLS and matched funds should be reported on the PSI
- If you have implemented a certain strategy type, but have not spent any of the budget in that area, just enter 0%

TIPS AND REMINDERS



- To report both the amount of GLS funds *and* matched funds spent from the beginning of the grant through the end of the reporting quarter
- You can still submit your PSI even if 75-80% of your budget has not been accounted for
- You cannot report a percentage of dollars spent in an area where you have not implemented a strategy



SUB-GRANTEE TRACKING SPREADSHEET, DATA SHARING REPORT, AND SUMMARY REPORT

PSI NEXT STEPS

- Review the PSI Manual and Tip Sheet
- Log in to the PSI using your password (beginning 1/11)
- Enter strategies and budget information from Q1 (October-December 2015)
- Final submit your PSI by January 29th at 8 PM
- If you determine, after reviewing the materials, that you do not have any data to enter OR if you cannot complete by January 29th, contact PSI Data Collection Liaison as soon as possible

PSI CONTACT INFORMATION

For help with the PSI you may:

- Email your questions to:

GLS-PSI@icfi.com

- Call Erin Maher, the PSI Data Collection Liaison, at (617) 250-4289



QUESTIONS?



TRAINING



TRAINING ACTIVITY SUMMARY PAGE (TASP) TOPICS TO BE COVERED

- ✓ TASP Purpose & Overview
- ✓ Logistics
- ✓ TASP Demonstration on the SPDC
- ✓ Tools to support TASP Data Collection and Reporting
- ✓ Next Steps

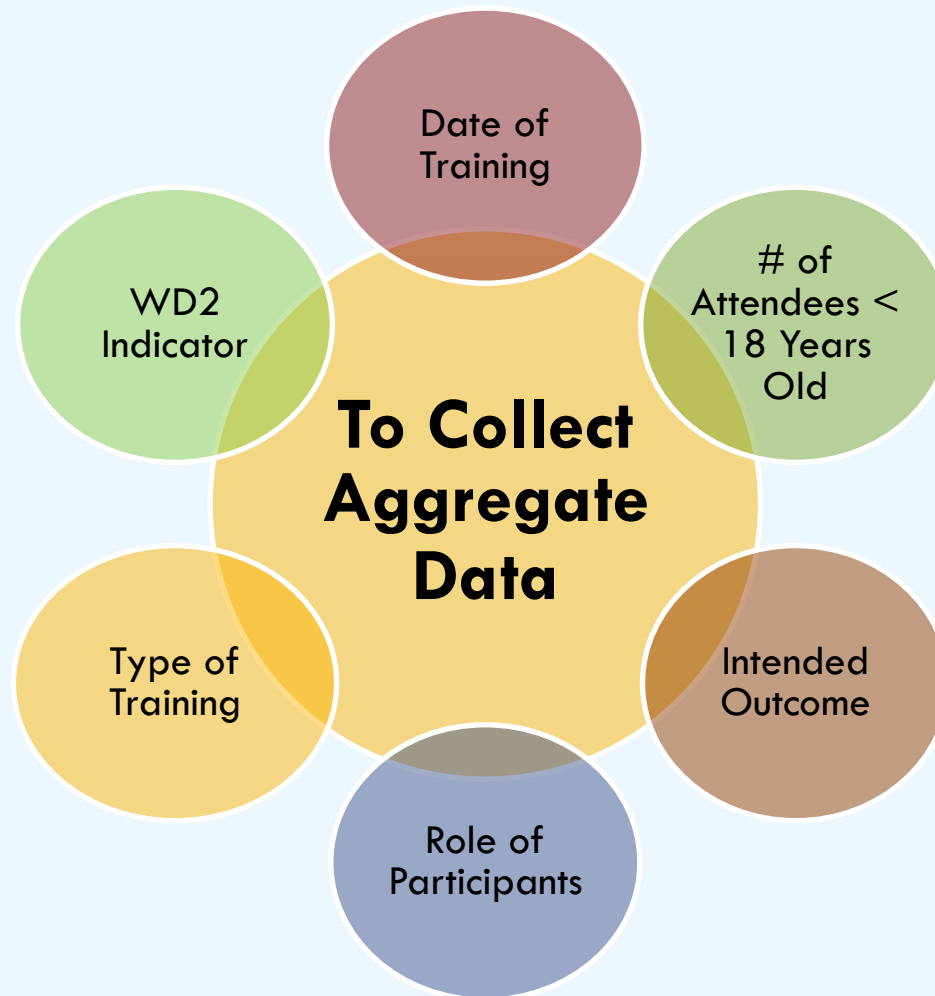


WHAT IS THE TASP?

- **Training Activity Summary Page (TASP)**
 - Collects summary information about training events sponsored by GLS grantees



PURPOSE OF THE TASP





OMB No. 0930-0286

Expiration Date: January 31, 2017

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0286. Public reporting burden for this collection of information is estimated to average 80 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

National Outcomes Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Training Activity Summary Page

Training date: / /

Training ID

(First 3 digits represent Site ID):
Site ID

The following information on the number of trainees in the WD2 category is required for posting Common Data Platform (CDP) data to the Suicide Prevention Data Center. For further details, please see additional guidance from your Government Project Officer (GPO)*.

How many trainees fall under the WD2 category (the number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant)?

How many trainees DO NOT fall under the WD2 category? **Total number of trainees who attended the training:**

_____ + _____ = _____

Do not leave this question blank. If none of the trainees belong to the category, enter "0."

**TR1 indicator will not be continued from TRAC to the CDP and has been removed from the TASP.*

Number of trainees under 18 years of age who attended the training:

Number of trainees with primary role in each setting (participants should only be counted in one category):

- Education (K-12)
- Higher education (college/university)
- Substance abuse
- Juvenile justice/probation
- Emergency Response
- Tribal services/tribal government
- Child welfare
- Mental health
- Primary health care
- Other community settings
- Other please describe: _____

Name of training: _____

Name and ZIP code of facility where training was held (leave blank for online trainings):

Name: _____ ZIP code:

Type of training (select one):

- QPR (Question, Persuade, Refer)
- Yellow Ribbon
- ASIST (Applied Suicide Intervention Skills Training)
- Signs of Suicide (SOS)
- Sources of Strength
- Youth Depression Suicide: Let's Talk
- SafeTALK
- Connect (formerly Frameworks)
- Lifelines
- AMSR (Assessing and Managing Suicide Risk)
- RRSR (Recognizing and Responding to Suicide Risk)
- Campus Connect
- American Indian Life Skills Development
- Kognito
- Response (A Comprehensive High School-based Suicide Awareness Program)
- CALM (Counseling on Access to Lethal Means)
- Other: Please specify: _____

FILLING OUT THE TASP

- Print off the TASP form from the SPDC
- Write in the training date and training ID
- Answer all the questions based on the training class

TRAINING ID

- Training ID is a unique 6 digit ID number
- First 3 digits are your site ID numbers, which are provided by your TAL
- Final three digits are assigned by you, the grantee.
- Last 3 numbers should be numbers that help you remember the order of your trainings

TRAINING ID EXAMPLE

- Grantee X Site ID: 1 2 3
- Training ID: 1 2 3 ???
 - Last 3 digits can be training type and/or chronological order of trainings
- Training types:
 - ASIST = 1
 - QPR = 2
 - SOS = 3
- 1 2 3 2 0 1 = Grantee X had a QPR training and it was their first training

ENTERING TASP INTO THE SPDC

1. Manually enter TASP for one training at a time



ENTERING TASP INTO THE SPDC

2. Upload excel spreadsheet for the TASP data for several trainings at once

- Template available on SPDC

txsdate	txsid	txsnum	trac_wd2	txsnum_under 18	txsnum_us	txsnum_gs
Month/Day/Year	Training ID. A 6-digit number with the first 3 digits representing Site ID (or another previously-assigned 3-digit code).	Number of Trainees who attended the training	Number of trainees in WD2 category	Number of Trainees under 18 years of age who attended the training	Number of K-12 staff attending training	Number of child welfare staff attending training
mm/dd/yyyy	Numeric	Numeric	Numeric	Numeric	Numeric	Numeric
mm/dd/yyyy	Numeric	Numeric	Numeric	Numeric	Numeric	Numeric
mm/dd/yyyy	Numeric	Numeric	Numeric	Numeric	Numeric	Numeric
mm/dd/yyyy	Numeric	Numeric	Numeric	Numeric	Numeric	Numeric
mm/dd/yyyy	Numeric	Numeric	Numeric	Numeric	Numeric	Numeric



TASP DEMONSTRATION IN SPDC

ONLINE TRAININGS DATA COLLECTION

Option 1

- Online training program is at a specific location and time

Data Collection Method

- Grantee can fill out the TASP in-person while participants are completing the training; then grantee can enter TASP into SPDC



ONLINE TRAININGS DATA COLLECTION

Option 2

- Online training program completed by user at anytime on any computer

Data collection method

- The company that hosts online program supplies grantee data summary report of all users; monthly or quarterly
- Grantee fills out TASP quarterly and enters it into the SPDC manually or upload via the spreadsheet



TASP REPORTS AND RESOURCES

- Grantee Summary Reports
- Response Monitoring Table
- Data Collection Liaison & Technical Assistance Liaison
- Training Tracking Spreadsheet



TRAINING TRACKING TOOL

Date training scheduled	Number of youth	Date of Training: (Month/Day/Year)	Training ID: (Assigned Site ID+3 digit #)	TASP Info rec'd/entered (Yes or No)	TUP-S Consent to Contact Form rec'd (# of forms)	TUP-S Consent to Contact Form Sent to ICF Macro (enter date)	Total number of Trainees who attended the training:	Number of trainees in WD2- the number of people in the mental health and related workforce trained in mental health-related practices/activities
SUBGRANTEE 1 (CAN ALSO BE ORGANIZED BY TRAINER, TRAINING LOCATION TRAINING TYPE)								
SUBGRANTEE 1 (CAN ALSO BE ORGANIZED BY TRAINER, TRAINING LOCATION TRAINING TYPE)								
SUBGRANTEE 1 (CAN ALSO BE ORGANIZED BY TRAINER, TRAINING LOCATION TRAINING TYPE)								

USING TASP DATA

- **Grantees will be able to use data for**
 - ✓ community presentations
 - ✓ local evaluation efforts
 - ✓ possible program modifications
 - ✓ and more!



REDUCING IMPLEMENTATION ISSUES: TIPS FROM OTHER GRANTEES

- If the system gives you error messages when you try to upload a TASP form, check to make sure the username and password that you used to enter the SPDC are correct.
- If using the spreadsheet option to upload multiple TASP forms, make sure you review the codebook to gain a better understanding of the variables used on the sheet.
- If working with sub-grantees, make sure you create an organized process for them to return the TASP form to you. This will help to ensure that you have enough time to enter them within 2 weeks of the training. If you have given sub-grantees permission to enter the forms directly into the SPDC, make sure you have a method of reminding them to enter forms within 2 weeks of the training.
- It may be a good idea to have one program staff member such as the evaluator or program coordinator (based on how your program is structured) to enter all the collected data into the SPDC. This would cause less confusion and maintain data collection reliability.

What should we do if there is more than one intended outcome for the training?

Commonly Asked Questions

Should booster trainings be considered “other” under “the type of training” section?

What if I have more than 100 trainings?



QUESTIONS?



TRAINING UTILIZATION & PRESERVATION – SURVEY (TUP-S) TOPICS TO BE COVERED

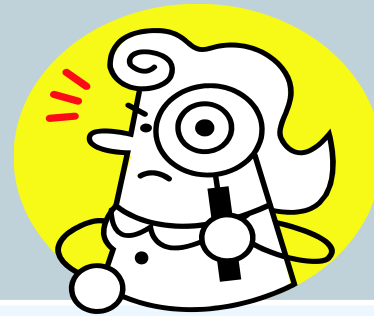
- ✓ TUP-S 3 & 6 Month Purpose & Overview
- ✓ Logistics
- ✓ Tools to support TUP-S Data Collection and Reporting



TUP-S PURPOSE



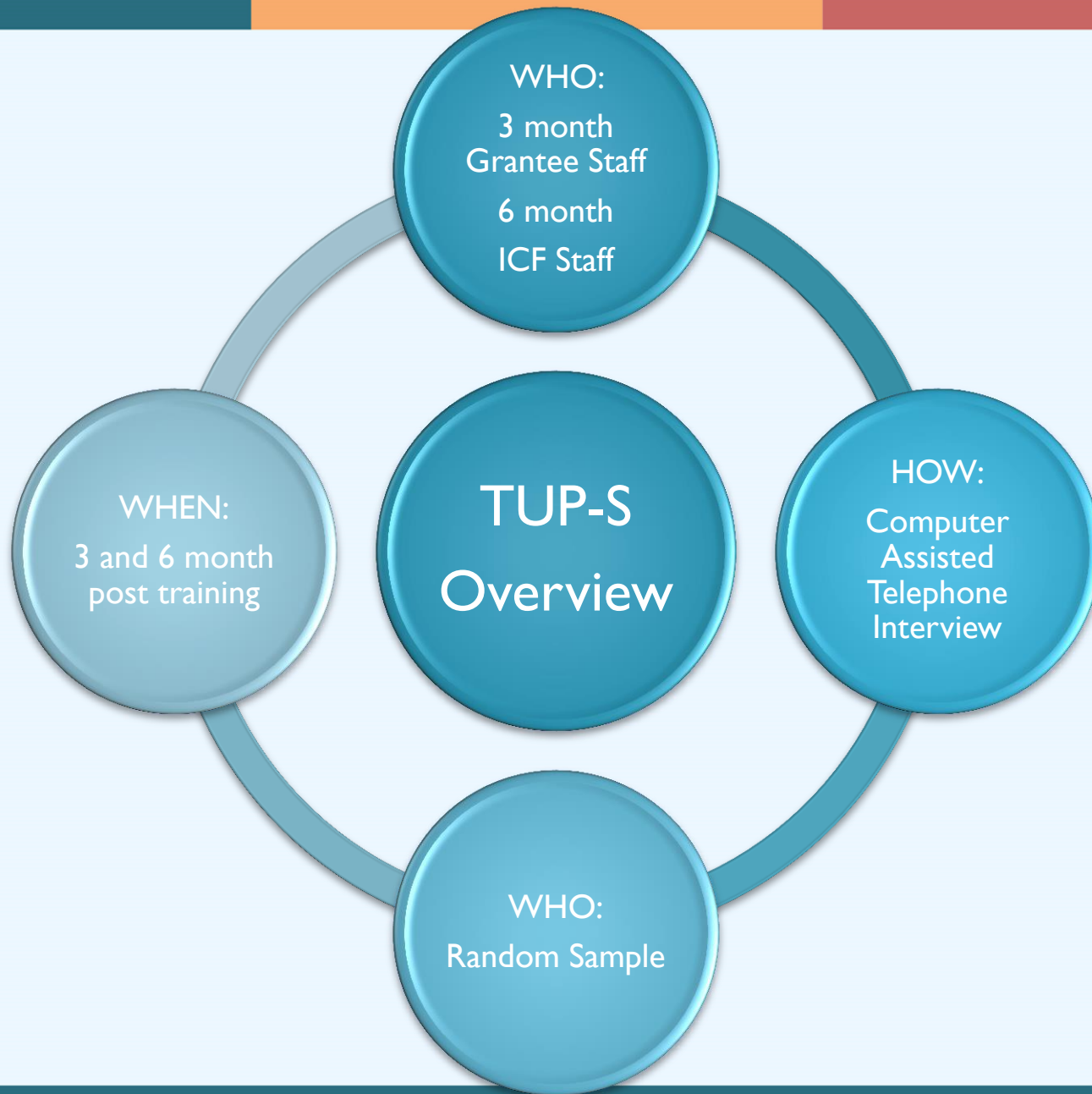
Quantitative survey administered



Examines the use and retention



Measures



Training ID: 12345

OMB No. 0930-0286
Expiration Date: January 31, 2017

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Suicide Prevention Program

Training Utilization and Preservation-Survey
State/Tribal Version
CONSENT-TO-CONTACT FORM

Training Name: ASST
Date of Training/Today's Date: 12/14/14
Training Location Zip code: 30329

As part of the Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Cross-site Evaluation, we will be interviewing individuals who participated in the training activity you just completed. The Training Utilization and Preservation Survey is a telephone survey that will be administered to participants from a random sample of suicide prevention gatekeeper training programs and collect information about gatekeeper knowledge, attitudes, and behaviors following their trainings. Your participation in this brief survey is completely voluntary. Your answers to the survey questions will be kept private except as otherwise required by law. Your name will not be linked with the information on your survey. Your name will not be used in any reports about this evaluation. We are interested in contacting you again within the next 3 months to ask you some questions about: what you learned during this training; how you have used what you learned; and what impact it has had on your identification and referral of youth at risk for suicide in your community. Findings from the survey will assist in informing the Substance Abuse and Mental Health Services Administration about suicide prevention activities and training experiences.

The survey will take approximately 10 minutes and will be conducted over the telephone by a member of the cross-site evaluation team. If you are selected to participate in the interview, in appreciation of your time, we will provide you with either a \$10 Amazon gift code or we will mail you a \$10 money order.

Are you interested in being contacted about possible participation in the Training Utilization and Preservation Survey?

Yes
 No

If you are interested in participating in this important effort, or in learning more about the Training Utilization and Preservation Survey, please provide your contact information below. If you are selected to participate in the interview, a member of the cross-site evaluation team will contact you. Participants for the survey will be randomly selected from a complete list of interested training participants.

Training ID 12345

OMB No. 0930-0286
Expiration Date: January 31, 2017

If you have any concerns or questions about your participation in this study, please contact Christine

NAME:	Jane Tall	BEST CONTACT? (SELECT YES OR NO)
HOME PHONE:	404. 777. 9311	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WHAT'S THE BEST TIME TO CALL THIS NUMBER? weekends
WORK PHONE:	400. 567. 1234	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WHAT'S THE BEST TIME TO CALL THIS NUMBER? 9am - 5pm
CELL PHONE:	404. 843. 1001	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WHAT'S THE BEST TIME TO CALL THIS NUMBER? After 5:30pm
WORK ADDRESS:	123 Sunshine Lane Atlanta GA 30329	
HOME ADDRESS:	5 Sunshine Ave Atlanta GA 30329	
WORK E-MAIL:	jtall@happy.com	
PERSONAL E-MAIL:	jtall@smile.com	

Walrath, Principal Investigator, at (212) 941-5555 or christine.walrath@jcfi.com.

Whether you selected yes or no above, please return this page to the training facilitator.
Thank you!

Training Utilization and Preservation-Survey (TUP-SC) Participant Sign-in Sheet

Training ID: 12345 Training Date: 12, 14, 14

Training Name: ASIST Training Facilitator: Sue Brown

Location of Training: Atlanta Ga 30329

Participant Name	Best Phone Number (with area code) <small>*Please provide direct line if work number</small>	Phone Number Type	Mailing Address	Primary Email	What's the best time to call? (AM/PM)	Willing to participate in TUP-S Follow-up Survey? (Yes/No)
Jane Tall	404.777.9311	<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell	124 Sunshine Lane Atlanta GA 30329	jtall@happy.com	AM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bob San	404.567.1234	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Cell	4 Peachtree Ave Atlanta GA 30329	Sanford@smile.com	PM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clay Hickman	404.843.1001	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Cell	21 Peachtree St Atlanta GA 30329	chickman@happy.com	PM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				<input type="checkbox"/> Yes <input type="checkbox"/> No

BEFORE YOU SEND FORMS:

- ✓ Only send forms in which trainees have agreed to participate
- ✓ Make sure the training ID is on every page
- ✓ Include a copy of the TASP



SEND FORMS...

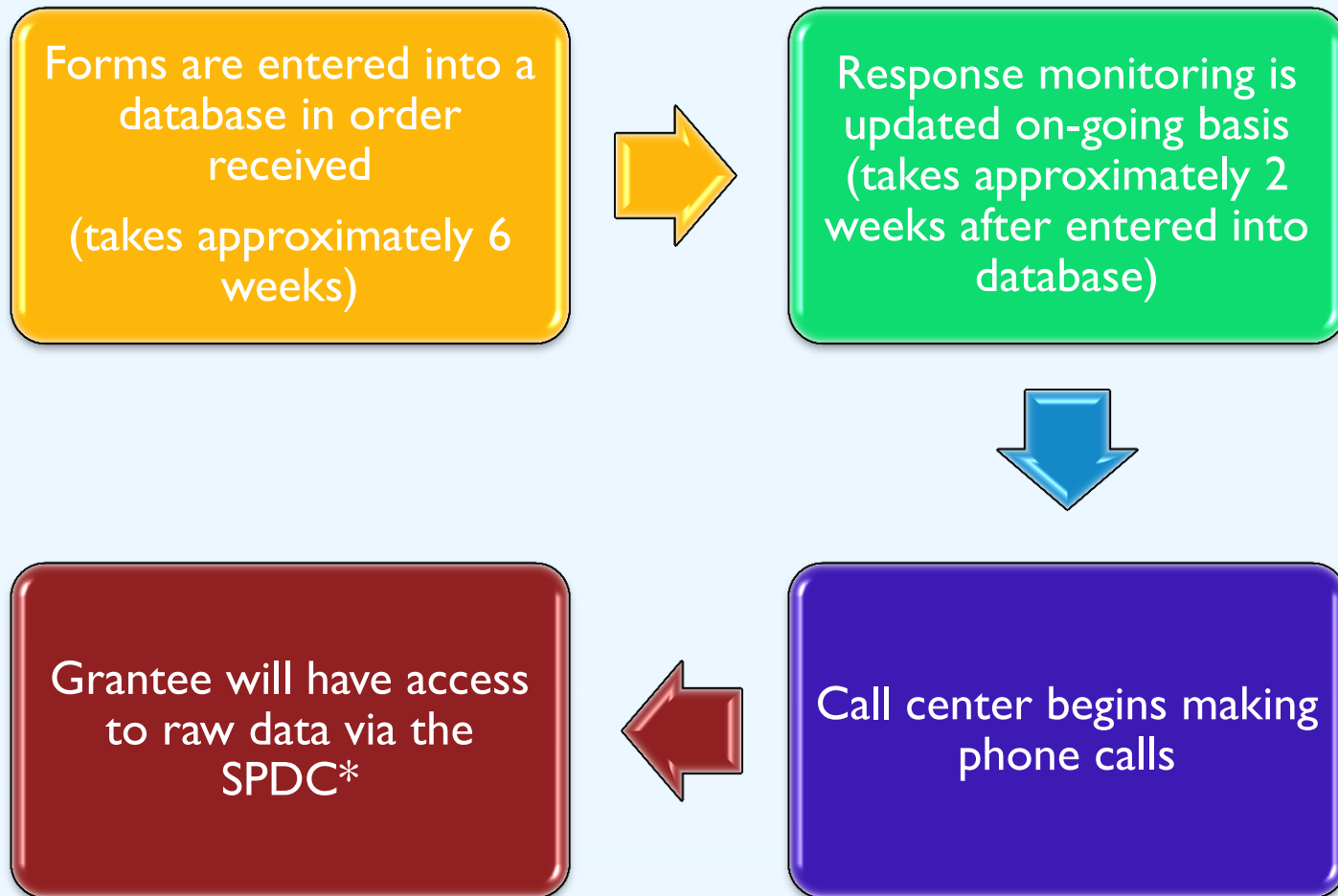
- **HARD COPIES** should be sent to:

ICF International
c/o Qualandria Bell
3 Corporate Square
STE 370
Atlanta GA 30329

- **ELECTRONIC COPIES** should be sent to:

tups@icfi.com

ONCE FORMS ARE RECEIVED



WHERE ARE MY FORMS?

Wondering if ICF has received your consent-to-contact forms?

- You can check the SPDC monitoring table to verify the status of consent forms from your trainings approximately 6-8 weeks after submission to ICF



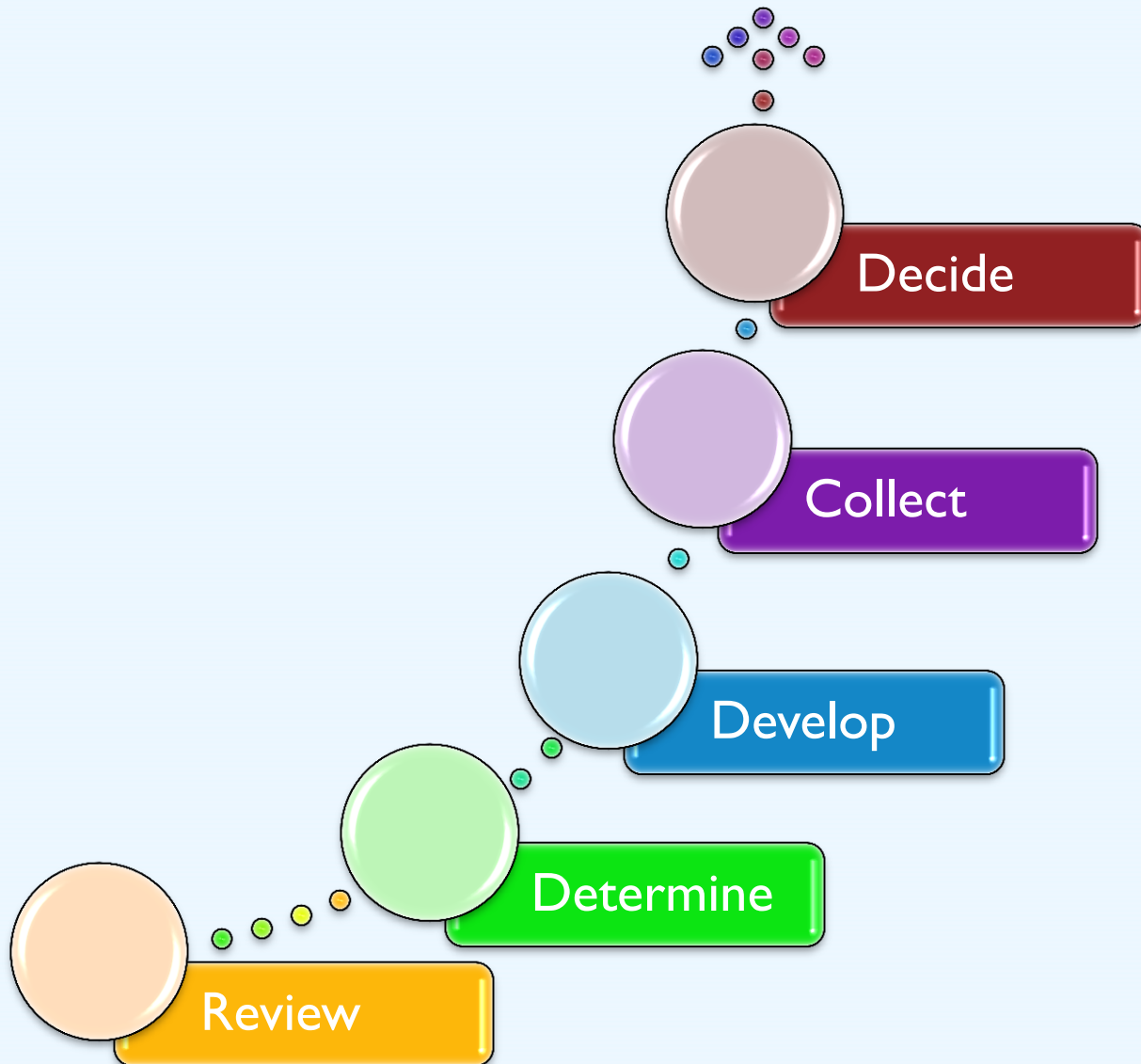
TUP-S DEMONSTRATION ON THE SPDC

TUP-S TOOLS

- ✓ Accessing and Utilizing Data
- ✓ Check SPDC for Summary Points for facilitators to introduce the instrument







TRAINING INSTRUMENTS CONTACT INFORMATION

For help with the TASP or TUP-S you may:

- Email your questions to glS-tasp@icfi.com or glS-tups@icfi.com
- Call Brandee Hicks, the Data Collection Liaison at 404-592-2198



QUESTIONS?

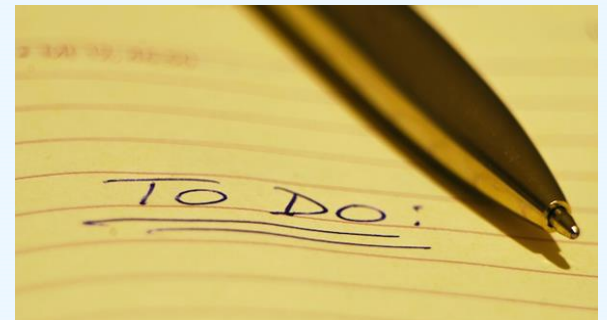


NEXT STEPS



WHAT'S NEXT?

- Prepare for IRB
- Review instrument manuals & resources
- Select SPDC and PSI administrator
- Plan for TASP & TUP-S data collection
- Webinars
 - January 19th, 3-4:30pm EST: GLS Data Collection Instruments and Data Submission Processes Webinar (part 2)



DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI)	Erin Maher Gls-psi@icfi.com 617-250-4289 (<i>Eastern Time Zone</i>)
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-s)	Brandee Hicks Gls-tasp@icfi.com and Gls-tups@icfi.com 404-592-2198(<i>Eastern Time Zone</i>)
Early Identification, Referral, and Follow-up (EIRF)	Jane Carmona Gls-eirf@icfi.com 646-695-8146 (<i>Eastern Time Zone</i>)

TECHNICAL ASSISTANCE LIAISON CONTACTS

We're here to help!

State TAL	Tribal TALs
<p>Tiffany Fambro</p> <p>404-592-2242 (<i>Eastern Time Zone</i>)</p> <p>Tiffany.Fambro@icfi.com</p>	<p>Gretchen Clarke</p> <p>907-747-7124 (<i>Alaska Time Zone</i>)</p> <p>Gretchen.Clarke@icfi.com</p>
	<p>Candace Fleming</p> <p>303-724-1471 (<i>Mtn Time Zone</i>)</p> <p>Candace.Fleming@ucdenver.edu</p>

QUESTIONS?



